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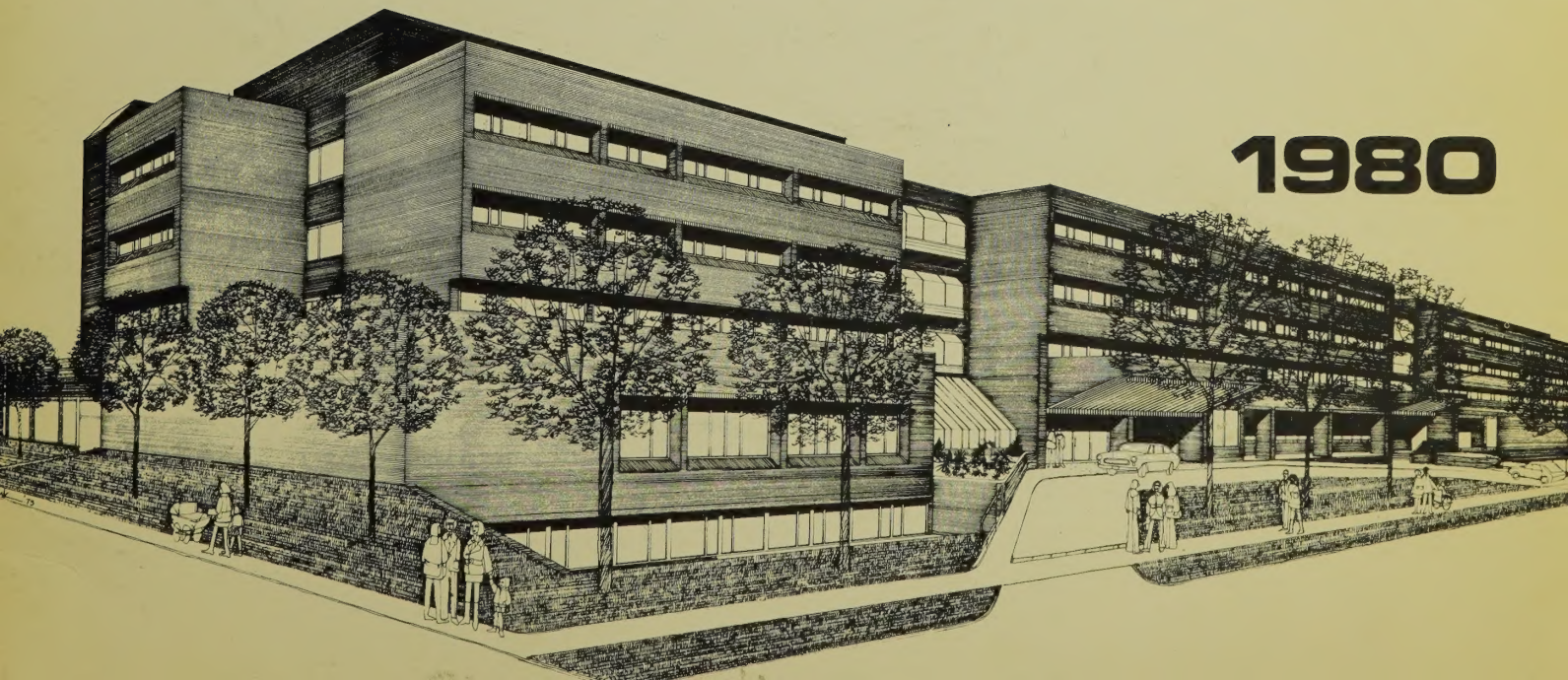
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1980

St. Peter's Centre Annual Report

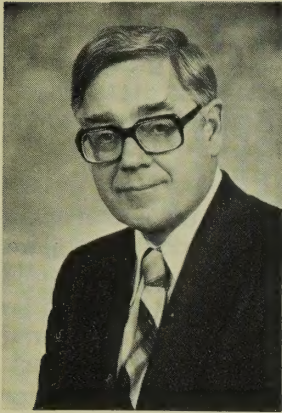


1890



1980

Chairman's Remarks



Ninety years have elapsed since the founding of St. Peter's and it is appropriate at this time to reflect on what has been accomplished and to chart our course with confidence for the next ten years. Supported by a long and rich tradition and stimulated by current changes, the St. Peter's Centre of to-day appears well equipped to meet the challenges of the future. The health-care system will continue to face demands for the best possible care at the lowest possible cost. Theoretically, the basic accounts of health and age are undergoing transformation in the form of new demands in new contexts. St. Peter's must project its philosophy and its image into the future to ascertain what will be needed and what will be possible. In making this projection St. Peter's looks back with great pride on the standards of quality patient care which have been established and which must be maintained.

Responding to challenges to meet and satisfy community needs is not a new concept for St. Peter's. Our growth over the past ninety years from a small House for Incurables to to-day's Centre for Geriatrics exemplifies our sustained effort to provide support to the community. A current example of an area of need to which St. Peter's is responding is in the basic issue of being aged. For years we have examined only the medical issues relating to old age, but now attention is being given to all facts and circumstances surrounding senior citizens whether they be geographical, economic, social, etc. As a comprehensive Geriatric Centre, St. Peter's constantly strives to provide support to all seniors in the Hamilton district. Obviously not every service need is actually provided for by St. Peter's, nor is every senior citizen in need of service. There is a concern throughout our St. Peter's concept that we focus our attention on the broad issue relating to aging and the aged.

St. Peter's in the 1980's is directly involved as a support service in the Hamilton District Health Care system in the operation of its chronic hospital and the Day Therapy Centre. St. Peter's motto, "because we care", is personified by a Staff dedicated to maintaining the dignity and independence of each individual patient and client-user. The needs and problems posed by chronic illness or disability vary from one patient to another, with the result that programmes of care and treatment must be flexible enough to adjust to each individual patient. St. Peter's has a tradition of interested care, one that must always be maintained in the future.

With a view to providing support in an indirect manner, St. Peter's works in concert with many agencies and institutions. By providing information and educational opportunities to Agencies dealing with seniors, St. Peter's assists these Agencies in fulfilling their roles, thereby ensuring that the interests of the seniors in our community are represented. Co-operation is a vital part of St. Peter's involvement in the community as co-operation is an essential factor in determining needs and subsequently initiating programmes to meet these needs in a comprehensive and consistent manner. The element of co-operation avoids duplication of services and restrains expenses. Admittedly many of the services for senior citizens are provided by other organizations, yet St. Peter's Centre can be the catalyst to support both the professional and the public.

The St. Peter's of to-day is the result of constantly being aware of society's needs. Needs change as society changes and at St. Peter's there is the continuing aim to meet change and provide support to the community. Fortunately, the Community has always responded to St. Peter's efforts by encouragement, direction and commitment. This positive response from the Community typically takes the form of voluntary assistance. From its inception St. Peter's has been fortunate in being able to call for assistance from many and varied resources. Throughout its history, the Auxiliary of St. Peter's, the Service Volunteers and the Board of Directors have provided direction, policy and service through the dedication of interested individuals who have given freely of their time and talents. It is our sincere wish and hope that we may continue to rely upon such human resources as we strive to imitate the standards of support which our volunteers lovingly provide.

"The best of St. Peter's traditions will continue in the future . . . because we care" was the pledge for St. Peter's as expressed by Dr. Ronald Bayne in 1971. To-day, as then, that pledge indicates a willingness to meet changing needs as they are identified while maintaining established traditions of compassion and quality care. Let us quietly pause and reflect on the past, carefully assess the present and approach the future with renewed vigour and hope.

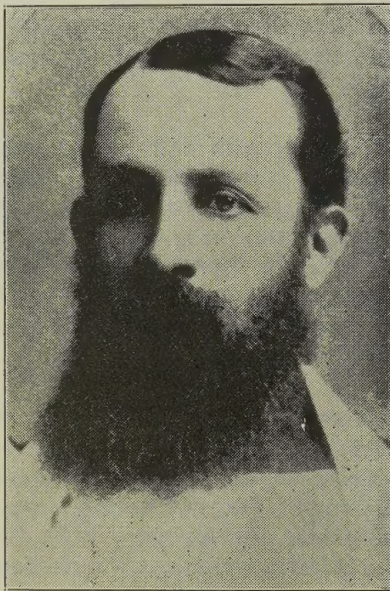
J. B. Simpson, Q.C.
Chairman
Board of Directors

St. Peter's Centre . . . Where We Have Been

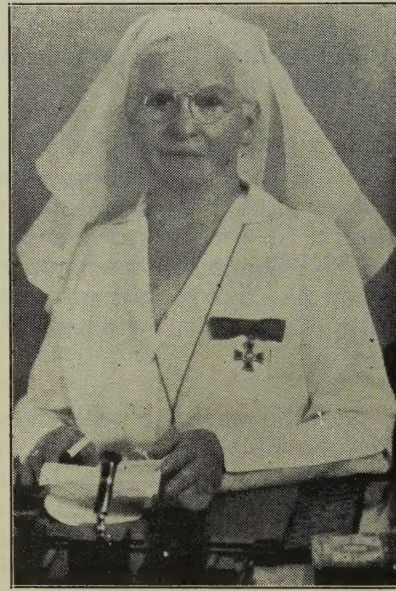
The history of St. Peter's Centre is, for the most part, a story of growth. Beginning as a Home for Incurables serving only 30 patients in 1890, St. Peter's now consists of a 285-bed Chronic Hospital and a Day Therapy Centre. The growth is not purely a matter of size. The present St. Peter's Centre has also expanded its horizons for the care and support of the elderly citizens of the Hamilton district. While there is a richness to the design of St. Peter's role in the community, as a result of growth and change, there is a consistent theme of support spanning from 1890.

Ninety years ago, the hospital facilities in the district were not extensive and it had become evident that the use of scant general hospital space by patients needing long term care was in the interests of neither hospital efficiency nor patient care. There was a growing awareness of a community need for a haven for sufferers of chronic disease. In response to this perceived need for residential support, Reverend Thomas Geoghegan — first rector of St. Peter's Church — founded a home in the Springer Homestead in 1890. Relying on voluntary contributions and bequests, the new St. Peter's Home struggled under a burden of debt to provide the care for chronically ill patients which was not available elsewhere. In 1893, the Home was incorporated under a Board of Directors and, as St. Peter's Infirmary, it became the second Home for Incurables in Ontario.

Consolidation of service was emphasized for several years without significant changes in the type of support which St. Peter's offered. In the period around 1911 there were changes in funding arrangements with the municipality which resulted in financially difficult times. The dedication of the early participants in the Home sustained the institution until it finally emerged from debt in 1915. Successive Boards and Wardens maintained the operations by constant contact with the community, and charitable donations made up the financial backbone of St. Peter's. Without the support and approval represented by contributions of time, effort and funds, the service could not have matured and the Infirmary could not have been sure that it provided needed support to the community.



Reverend Thomas Geoghegan, First Rector of St. Peter's Church and Warden of St. Peter's Home, 1890-1906.



Miss A. I. Browne, Matron, 1925-1938. Miss Browne was instrumental in changing St. Peter's Infirmary to the status of a hospital.

Periodically through its history, there have been reassessments of the philosophy so that the style and scope of the services would match the nature of the community's need. As early as 1925, a significant change of emphasis was underway. Beginning with the appointment in that year of a new Matron, Miss Annie I. Brown, consistent steps were taken to allow St. Peter's to become a recognized Hospital for Incurables. Admission criteria were altered to respond to the need for nursing and medical care, rather than just for residential accommodation. A shift in the nature of the community's need resulted in a change in the direction of St. Peter's support.

The decade of the 1930's was important for its changes and its growth. Just two years after a stage of physical growth in 1929, St. Peter's Infirmary was officially recognized as a Hospital for Incurables under the provisions of the Public Hospital Act. A second stage of growth at the end of the decade increased the bed capacity to 160.



St. Peter's Infirmary, 1940

A familiar sight to Hamiltonians until the present structure was completed in 1975.

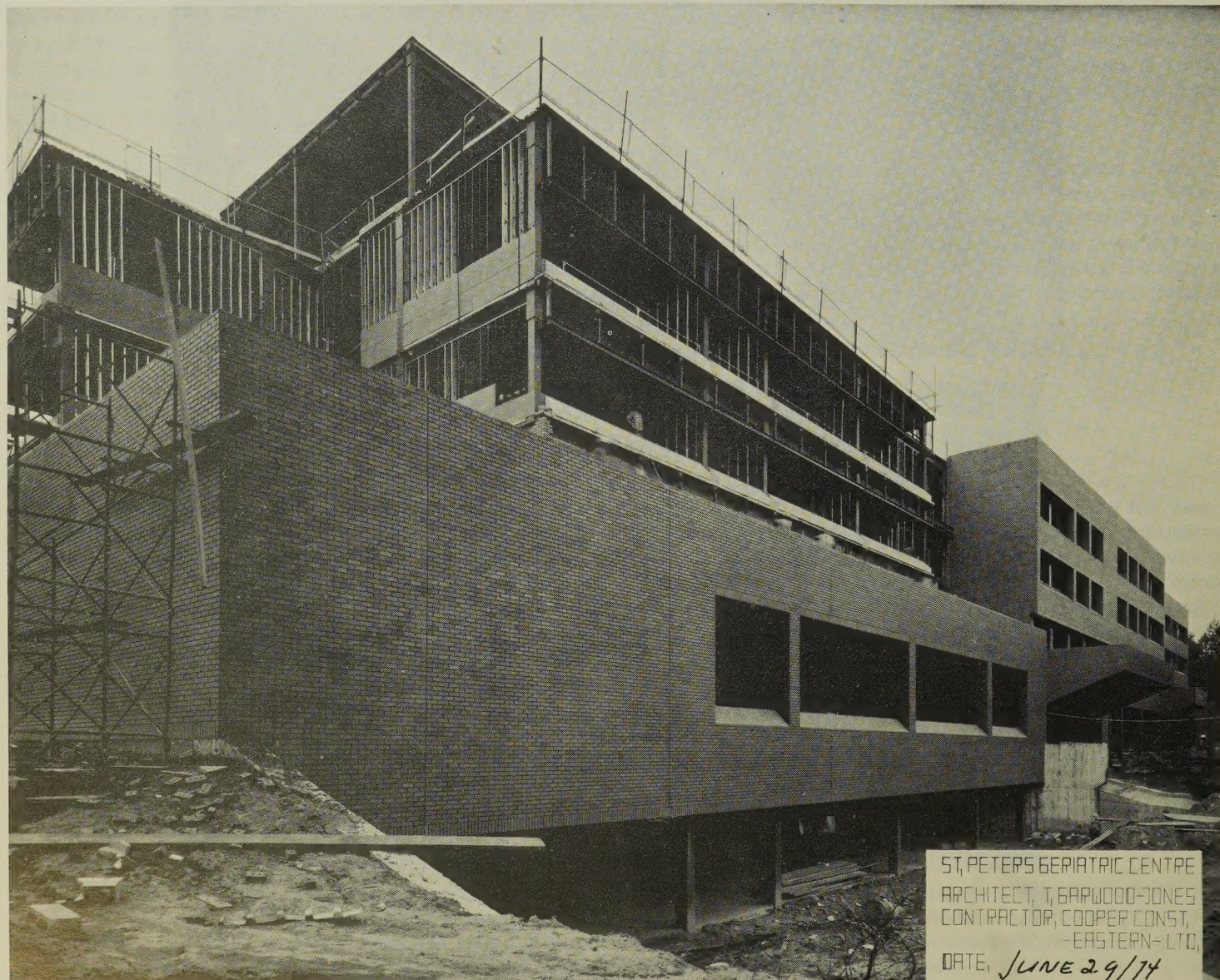
It was not until the decade of the 1960's that St. Peter's experienced a similar wave of renewal. In that period, the community needs and hospital services were reassessed; the philosophy restated, and new plans were set in motion to achieve the current St. Peter's Centre. This phase of growth was as much a matter of new perceptions and breadth of concern as it was a matter of bricks and mortar. What resulted in a large, modern building providing a wide range of programs and professional services began with the dreams and plans of successive Boards of Directors in the mid-sixties. They envisioned a comprehensive Geriatric Centre, and set in motion a remarkable series of proposals and negotiations.

Beginning with a consultant firm's report, an analysis of the district's projected needs for chronic-care facilities was carried out by St. Peter's. In particular, attention was focused on the senior population who were expected to be a special segment of the community likely to use such facilities. Consultations were pursued in the newly-formed Hamilton District Health Council, and negotiations were opened with the Ontario Hospital Services Commission. The co-operative planning efforts determined that certain areas of specialization for the delivery of care would be consistent with district planning, and further, it was noted that the aged population required a larger share of the attention from social and health authorities than they had been receiving.

As a result of examining the community's needs, bold visions of an expanded St. Peter's Centre were developed. The plans did not consist solely of a physically larger St. Peter's Infirmary providing the same service. New space in a new and larger building figured in the plans, but the emphasis was that there should be a Centre to act as a resource for treatment, education and leadership in the entire field of Geriatrics. The theme of support was to continue but the areas of attention and concern had, once again, changed and expanded.

The sixties was a time for drastic re-evaluation, imaginative project proposals, and shifts in the relations among agencies, institutions and governments. In the community, for example, the formation of the Hamilton District Health Council and its later subsidiary, the Assessment and Placement Service, came about because of a perceived need to rationalize the delivery of health care services. It was necessary to identify needs, establish priorities, and coordinate new technology and treatment approaches.

Within St. Peter's, therapeutic and leisure programs received renewed interest as a result of the examination of total rather than just medical needs of the patients. The notions of what constitutes health itself were undergoing very deep changes. Both professionals and the lay public were exploring the consequences of preventive medicine, lifestyle influences on health, and a still young universal health insurance scheme. The construction of facilities like the McMaster University Medical Centre and St. Peter's Centre were merely the most obvious signs that growth in new directions was in progress. It was within the context of general change and growth that the present St. Peter's Centre came into existence.



Construction of the new St. Peter's Centre

What was a dream in the Sixties became a reality in 1975. With funds from the community and many levels of government, and with the dedication of planners and builders, St. Peter's was finished on time and within the budget.

St. Peter's Centre . . . Where We Are To-day

The programs and treatment approaches now in existence stem from a guiding philosophy that health care should respect the dignity and foster the independence of each individual. While it is lamentably true that patients requiring institutional care are isolated from the normal stream of society and their independence is limited, the needs which all humans have do not change. What the institution is called upon to do is to provide the environment and the professional expertise which will allow an individual to meet those needs despite illness, infirmity or disability. In order to achieve this goal, health professionals from many fields work as a team to identify and then treat the particular problems which prevent patients from meeting their needs independently.

The human needs are experienced on many levels besides those of medical concern. Consequently, assessment and treatment programs have been developed by the expanded physiotherapy and occupational therapy departments in order to maintain or enhance patients' functioning levels. Similarly, there has been a growth in leisure programming in order to meet interest and career needs, and Social Workers are involved with both patients and their families to ensure that social impediments to taking full advantage of St. Peter's services are minimized. Each service contributes to the team approach wherein cooperation is emphasized. For patients in the hospital, nursing care is of primary importance, but the nursing staff can draw on the advice and support of all other services as well as upon the tradition of quality-care which is an integral part of St. Peter's Centre — past and present.

The philosophy which guides the care and treatment programs within the hospital is also applied to St. Peter's concern for the elderly members of the community-at-large. The development of the Day Therapy Centre is an exciting example of how the philosophy can be expanded to offer support outside of the institution. The clients involved in the Day Therapy Centre can utilize the treatment resources on an out-patient basis. Chronic health problems which can impede the fulfillment of a client's needs are treated without requiring the client to forego the independence enjoyed by living in the community.



Physiotherapist with a client from the Day Therapy Centre

The Physiotherapy staff has the training and experience to offer programs designed to maintain or enhance physical mobility. Being able "to do for oneself" is so important for dignity and a sense of independence.

The Day Therapy Centre is one example of the effort to tailor the system of Health Care delivery to client needs rather than expecting the client to adapt to a monolithic system. It is important that Health Care intervention should occur at an appropriate level of need so as not to undermine dignity or independence. The Day Therapy program at St. Peter's Centre is not the only program developed to work in this manner. Many agencies stand ready to provide support at many levels, and St. Peter's feels that co-operation and co-ordination with these agencies is extremely important. Contact with them provides information about what services are required by seniors in the community, both for the present and for the future. Contact also provides access for these agencies to fully utilize the resources at St. Peter's Centre.



Chapel Service

At one time, St. Peter's was affiliated with the Anglican community, but now it is a non-denominational institution. Spiritual life is still important, however, and a Hospital Chaplain encourages contact between patients and the clergy of the Hamilton District.

St. Peter's Centre today exists within a complex network which is the Health Care system. The hospital operates within provincial Ministry of Health guidelines, which determine the criteria of Chronic Care classification, as well as funding schemes. The Centre depends upon and co-operates with other hospitals and agencies in the district so that identified needs can be met as completely as possible at the least expense. Within St. Peter's, the energy and talent of a large staff must be co-ordinated so that the high standards of care for which St. Peter's has long been known can be maintained. The 90-year process of growth has not only involved an expansion of the facilities in order to accommodate more patients, but an expansion of kinds of services to meet various levels of need and a looking outward toward the community. What is the nature of the growth we can anticipate in the future?

St. Peter's Centre . . . Future Challenge

The challenges of the future can be extrapolated from present conditions. Today's trends point to an increasingly large sector of elderly citizens in the Canadian population, in terms of actual numbers and in terms of age group percentages. There is also a tendency for greater longevity within the aged group. It is generally acknowledged that the trends to more old people and 'older' old people will mean increased incidence of chronic health problems. The increased demands for service and support will have consequences in a number of areas.

One of the notable achievements of current health-care delivery is the development of programs and innovations appropriate to particular illness types or to a specific age group. Unfortunately, the skills and equipment for other specialty areas cannot simply be transferred to provide support for the elderly. Although patterns of health problems which tend to be typical of the elderly, as a group, can be identified, the field of geriatrics remains only partially developed. Human and technical resources will have to be re-directed in a sophisticated way toward the problem of aging. New programs of training and information for professionals will have to be instituted if the anticipated increase in service demands is to be met with competence.

While it is accepted that the aged are vulnerable to certain predictable health problems, it must be remembered that each individual will experience ailments and disabilities in a unique way. It would be detrimental to quality care to group the entire aged population into an undifferentiated mass for the purpose of providing large-scale support. The question is whether the health system can grow to meet increased need in the geriatric specialty field while remaining flexible enough to accommodate individual needs, interests and desires.

To undertake the tasks of realigning skills and facilities and developing specialized areas of interest and competence requires immense dedication as well as money. Questions of finance have always been important, but never more so than for the present and foreseeable future. The growth which has been witnessed in recent years was a result of unprecedented confidence and prosperity. The society enjoyed financial circumstances which encouraged renewal and innovation. The watchword has now changed from prosperity to restraint. Cost-consciousness will continue to assert pressures on any process which requires expenditure.



Nursing care at St. Peter's is a combination of compassion and competence in the latest techniques. Pictured here are two nurses assisting a patient by means of a lift.

Table — Canada's population 65 years and over. 1971 - 2031

Year	Population 65	Percentage of Total Population
1971	1,744,400	8.1
1981	2,272,300	9.3
1991	2,916,000	10.5
2001	3,341,800	10.9
2011	3,793,800	11.4
2021	4,984,500	13.9
2031	6,142,700	16.1

This table clearly illustrates the trend toward a larger aged population in Canada, in terms of absolute numbers and in percentages of the general population.

Source: "Health Services for the Elderly", Final Report of a Working Group of the Federal-Provincial Advisory Committee on Community Health (Ottawa, Health and Welfare Canada, August 1976) Appendix B, p. 8.

Table — Population Projects for Ontario. 1971 - 2001

Age	1971	1981	1991	2001
65-69	227,800	297,000	388,800	394,600
70-74	171,500	221,900	280,700	341,700
75-79	121,000	158,400	210,600	276,700
80-84	74,400	96,300	128,900	164,600
85-89	35,900	47,200	67,700	91,000
90	13,900	19,400	32,900	47,200
TOTAL	644,500	840,200	1,109,600	1,315,800

When the projection is specified to the province of Ontario, we note not only the steady increase in numbers of aged, but the increase in those living to "older" old age.

Source: 1971 data from Statistics Canada Population 1921-1971, Catalogue 91-512 Occasional, July 1973; for later years, Population Projections for Canada and the Provinces 1972-2001 (Canada Statistics Catalogue 91-514), Ottawa. Information Canada, June 1974, pp. 119-133.

That there are many factors contributing to challenges to the geriatric field cannot be doubted. Response must not be delayed because the challenges begin today. The people who will need services and support have already been born and, like ourselves, are all drawn by fate toward old age.

St. Peter's clearly has a role to play in meeting the challenges of tomorrow. Expansion of the general public's concern for and understanding of issues relating to aging will be important. Growth and flexibility in the health specialty of geriatrics will have to be fostered. Leadership for the community and responsiveness to its needs will be vital.

To play the role, St. Peter's will keep a critical eye on its own practices so that a respected tradition does not become mere habit. One aspect of leadership is providing examples of excellence. By its own service and programs, St. Peter's will strive to maintain standards of quality which are worthy of emulation. Joined to this inward attention to standards will be a turning outward toward the community.

In order to avoid becoming enclosed in its own system of practices, the Centre will continue to rely upon the community support found in volunteerism. Already, much has been accomplished both inside and outside St. Peter's by the good will of the Auxiliary and the Service volunteers. They reflect the community's concern that quality-care should be afforded to our aged citizens. There is a pressing need for St. Peter's to continue to cultivate the vital human resources of volunteers.

Turning outward also entails listening and developing a reputation for responsiveness. The community itself, and not the availability of programs, should determine the extent and style of support which is offered. St. Peter's will pursue co-operation with other agencies and with individual citizens so as to learn what support is needed and what services are desired.

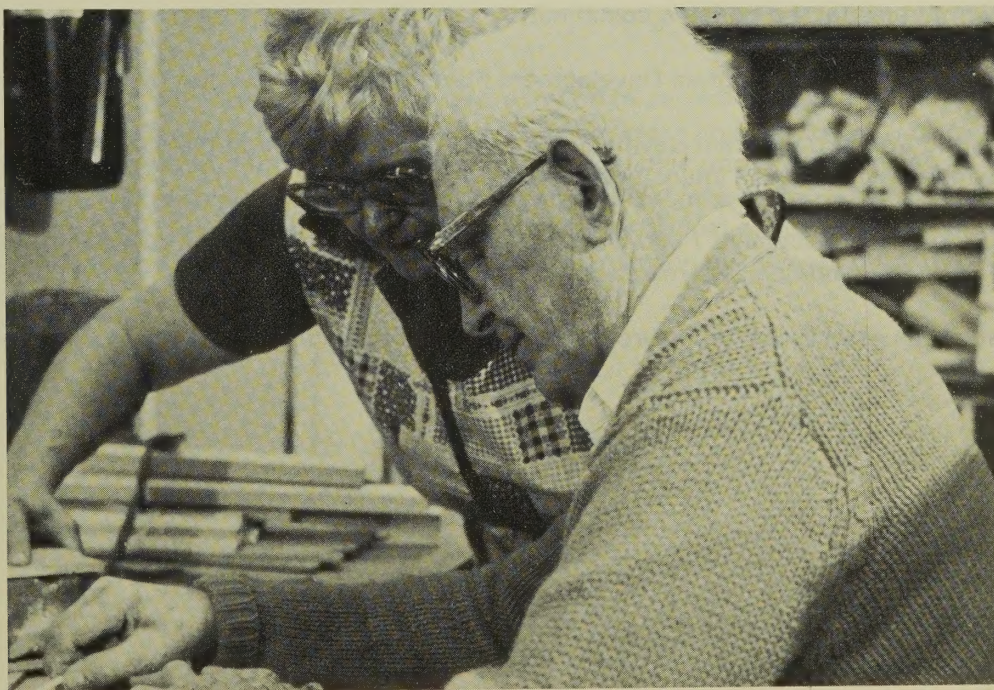
Co-operation and co-ordination are much more than means through which St. Peter's can learn about the circumstances of the elderly in the community. They are the provisions to ensure that new or changed programs can be developed to treat needs as yet unmet. They are also important in the task of identifying the most appropriate community resources to be utilized in the provision of various levels of service. They enhance efficiency and help to avoid costly duplication of service. Working in a co-operative and co-ordinated network of agencies will be emphasized. St. Peter's cannot function in the best interests of the community if it does so without the direction and support of the network.

In terms of leadership, St. Peter's will continue its commitment to professional and public education. Students from many disciplines will continue to be welcomed to St. Peter's to tap the skills and experience of the staff. Research and the expansion of the entire field of geriatrics will be encouraged and publicly advocated by St. Peter's.

Within the general community, the effort to increase awareness of matters relating to aging will be sustained. St. Peter's will urge that the public should take an interest in all matters and not only those normally associated with health. The issues of housing and pensions, for example, are critical matters requiring public deliberation and planning. They are important for their own sake, but also because they greatly influence health policies. Decisions taken in any area have far-reaching consequences. St. Peter's will have an important role to play in increasing the public's general awareness about aging, and about what positive steps can be taken by people of all ages to encourage independence and foster pride among our society's senior citizens.

It will be true in the future, just as it is now, that St. Peter's cannot and should not try to provide for every category of need in the elderly in the Hamilton district. It must, however, take an interest in every issue so that the support it provides is comprehensive. It should look upon itself and be generally perceived by the community as a catalyst. The skills and experience of nearly a century of service must be made available to the community if the numerous and varied supports are to match up with the many levels of need which are projected.

Perhaps the prosperity which led to rapid and radical growth has been greatly diminished, but the confidence in the maturing process still persists. St. Peter's Centre can be expected to rise to the challenge of the future with innovative programs and imaginative use of human resources. St. Peter's emerges proudly from its first ninety years, and looks ahead, with eager anticipation, to many more.



Patient at work in the Carpentry Shop

Within a process of sophisticated assessment and individualized treatment programs, the Occupational Therapy Service encourages independence. When disability results from a prolonged or chronic illness, a therapist can often provide techniques to overcome or to compensate for the problem.

Condensed Balance Sheet

MARCH 31, 1980

Assets:

Cash Equivalent	\$ 545,000	
Marketable Investments	2,078,000	
Investment and Prepaid	66,000	
Fixed Assets - Net	8,122,000	
Total		\$10,811,000

Liabilities:

Accounts Payable	\$ 685,000	
Equity (unrestricted)	8,964,000	
Program Development Fund	743,000	
Chaplaincy Support Fund	37,000	
Auxiliary Trust Fund	11,000	
Equipment Reserves	371,000	
Total		\$10,811,000

Financial Summary 1979

- Average return on investments for the year was 11%.
- Co-payment program generated income of \$740,000 of which the Hospital's share was \$185,000. Write-offs totalled less than 1%.
- 80% of the Hospital share of Co-payment receipts, or \$148,650, was transferred to the Program Development Fund for future expansion of programs for the geriatric community.
- \$10,000 was appropriated from the Program Development Fund to assist in the Day Therapy Expansion.
- \$60,000 was committed from the Program Development Fund to provide staff to the Day Therapy Centre for Health Support for the expanded numbers and intensity of care for new clients.
- \$18,000 from the Program Development Fund was committed to the Community Education program in geriatrics, utilizing the Stelco Slide Presentation as a resource.
- An equipment reserve was established to ensure the availability of funds for equipment replacements.

Points of Interest — 1979

- In April 1979 a system of co-payment charges was initiated for users of long-term health care facilities in Ontario. The program affected many patients at St. Peter's, and it has been the responsibility of the Hospital to administer the guidelines. The staff has met with success in its diligence to equitably interpret the provisions of the program.

* * * *

- The Office on Aging was established at McMaster University, with the co-operation and full support of St. Peter's Centre. Its aims are to promote and support multi-faculty commitment to education and research in Aging. The Medical Services Consultant at St. Peter's, Dr. R. Bayne, is one of the co-ordinators of the office.

* * * *

- In 1979, the collective bargaining agent representing the majority of St. Peter's employees — C.U.P.E., Local 778 — celebrated its 20th anniversary.

* * * *

- An indication of the community's support of St. Peter's can be found in the many donations from private citizens. Among the gifts received in 1979 was a very generous bequest from Mr. James Cheseldine. The Centre is both pleased and proud to receive such financial support since it indicates a confidence in St. Peter's future.

* * * *

- Planning began for a new role within St. Peter's — Director of Professional Services. This position will be concerned with guiding the para-medical professionals and with co-ordinating their service with other areas of patient care.

* * * *

- New initiatives in reaching out to the community were pursued in several areas;
 - i) The Day Therapy Centre continued its support of seniors in the community and it undertook to provide closer contacts and increased information to other district agencies and professionals.
 - ii) The role of an Administrative Assistant for Community Education and Relations was developed with a view to encouraging public interest in Aging and facilitating educational opportunities at St. Peter's.
 - iii) A slide presentation about the aged population in the Hamilton district was prepared by Stelco Audio-Visual Services for use in programs of public education.

Recognition

At a time when we pause to reflect on the accomplishments and challenges of St. Peter's Centre, it is important to remember the dedication of the staff. Many of the employees of the Hospital have devoted the largest portion of their careers to St. Peter's. Their contribution has not been unnoticed. With hearty thanks and congratulations, we present a list of employees with 15 or more years of service, as of January 1, 1980.

20 or more years

Mrs. A. Stirling	Mrs. J. Chodyncki
Mr. J. Odrovics	Mrs. D. Shephard
Miss D. Lampman	Mrs. C. Dalan
Mrs. E. Krinkelis	Mrs. E. Miller
Mrs. P. Smith	Mrs. D. Wright
Mrs. M. Pluim	

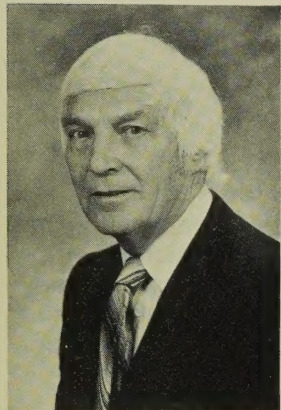
15 or more years

Mrs. V. Beniusis	Mrs. M. Baillie
Mrs. B. Nickerson	Mrs. M. Druska
Mrs. J. Doyle	Mrs. A. Veenstra
Mrs. M. Mammolette	Mrs. E. Burbulevicius
Mr. C. Sarnelli	Mrs. K. Lafleur
Mrs. L. Babiarz	Mrs. N. Mummery
Mrs. D. Balch	Mrs. M. Masaro
Mrs. P. Winsa	Mrs. R. Folken
Mrs. G. Baiks	Mrs. L. Redmond
Mrs. P. Delvecchio	Mrs. C. McFarlane
Mrs. E. Klevas	Mrs. Q. French
Mrs. R. Fronczak	

Administrative Profile

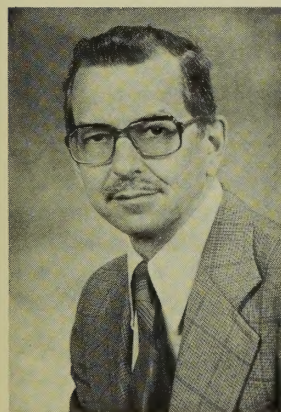
The survey of St. Peter's history presented a story of considerable expansion over a period of 90 years. It is not surprising that the managerial organization has grown in complexity to keep pace as the breadth of concern expanded.

A large staff providing a wide variety of services must be co-ordinated and efficiently deployed. Relationships with a network of institutions, agencies and levels of government must be maintained and clarified. As a matter of information, we present this profile of the administration of St. Peter's Centre.



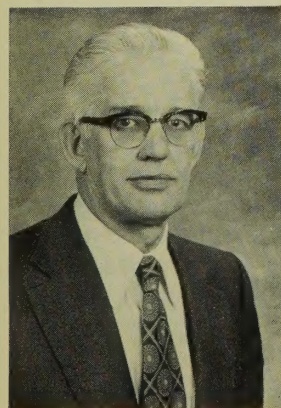
Dr. C. L. Taylor — Chief of Staff

Part of the role of the Chief of Staff is to co-ordinate the medical service provided to the patients in the hospital. It may involve orienting physicians to the philosophy of St. Peter's, or it may involve providing professional direction for other patient care areas in the hospital. It is also the responsibility of the Chief of Staff to ensure that high standards of medical practice are maintained when the practices are adapted to use within the context of St. Peter's philosophy. As a liaison with community physicians, the Chief of Staff plays an important part in ensuring that the support provided by St. Peter's is known and, in turn, that the needs of practitioners are identified.



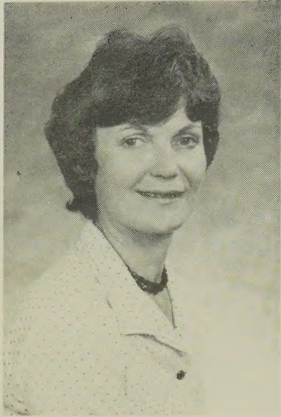
Dr. J. R. D. Bayne — Medical Services Consultant

In its role as a comprehensive geriatric centre, St. Peter's takes an interest in many areas of concern to the elderly. In order to meet the broadest scope of concern, it is necessary for professionals in the Centre and in the community to have access to the advice and direction of a consultant specializing in geriatrics. Dr. Bayne brings training, experience and interest to this role, and he is an important interpreter of St. Peter's philosophy for professionals in the Centre and in the community.



Mr. E. Lundman — Executive Director

The Executive Director is responsible to the Board of Directors for the general management of St. Peter's Centre. The Executive Director ensures that the policies and guidelines for patient treatment and care programs are consistent with the philosophy. It is through this office that the general community and various levels of government exert their influence on the programs and services offered by St. Peter's Centre. In turn, the Executive Director's role is vital for the task of influencing the community to confront the many and varied issues related to Aging. In his contacts with the community, the Executive Director is the chief spokesman and interpreter of St. Peter's philosophy.



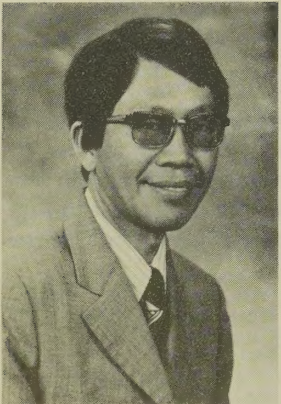
Mrs. L. Berglund — Assistant Administrator — Patient Care

Responsible to the Executive Director, the role of the Assistant Administrator, Patient Care is to ensure that the philosophy of St. Peter's is reflected to patients from the time of their admission to the time of their placement when no longer needing care. As part of this role, the Assistant Administrator, Patient Care is responsible for organizing, training and directing the nursing staff.



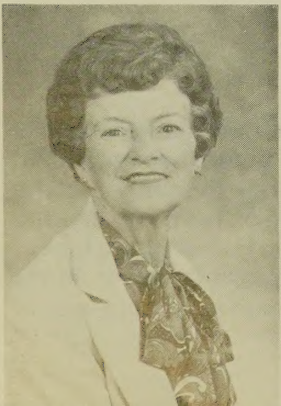
Miss R. Lampart — Director of Professional Services

The Director of Professional Services is responsible to the Executive Director for ensuring that the philosophy is reflected in the services provided by para-medical professionals in the Hospital and Day Therapy Centre. The service areas involved are Occupational Therapy, Physiotherapy, Social Service, Clinical Pharmacy and Chaplaincy. In organizing and directing these service areas, the Director of Professional Services must maintain agreed upon standards and work to integrate these services with patient care.



Mr. P. Tam — Assistant Administrator, Programs and Services

The Assistant Administrator, Programs and Services is responsible to the Executive Director for ensuring that all required resources are available so that patient-care personnel, para-medical professionals and physicians may perform their roles. This involves organizing and directing such ancillary services as Housekeeping, Maintenance and Food Services. While these services are designed to support patient programs and patient care, they must be organized according to the philosophy of St. Peter's to be most effective.



Mrs. J. Barlow — President of the Auxiliary to St. Peter's

The Auxiliary is a voluntary organization providing support to all areas of St. Peter's Centre. In particular, the Auxiliary is actively involved in fund raising and in assisting with patient programs. The President of the Auxiliary ensures that information and direction is available to volunteers so that their support is integrated into the philosophy of St. Peter's Centre. In addition to contributing time, effort and money, the Auxiliary acts as an organization of ambassadors to the community, representing by their enthusiasm, the best of St. Peter's Centre.

Directors of St. Peter's Hospital

R. J. Auton

Donald O. Cannon

Miss D. M. Cauley

Ralph G. Conner

Robert G. Darling

Mrs. J. Barlow

E. B. Gibson

Dr. Brian Hutchison
(V-P Med. Staff)

R. Inch

Brian Inglis

Dr. C. Robert Kemp
(Pres. Med. Staff)

J. E. Lee, F.C.A.
(Vice-Chairman)

J. M. McDonnell

Mrs. T. Nolan

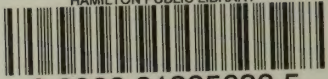
C. P. Pallister
(Vice-Chairman)

Roy D. Robertson

C. B. Schmuck

J. B. Simpsom, Q.C.
(Chairman)

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